



# Medical Services Pacific Child Protection Policy

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## Policy Overview

Children should be afforded the necessary protection and assistance so that they can fully assume their responsibilities within the community. Medical Services Pacific (MSP) staff and affiliates recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development

MSP recognizes the Right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development. MSP will seek to protect the child from all forms of sexual exploitation and sexual abuse. *As noted in the PREAMBLE AND ARTICLES 27, 32 & 34 CONVENTION OF THE RIGHTS OF THE CHILD.*

## Purpose

MSP continually examines itself and its activities to ensure that everything reasonably possible is done to reduce the risk to children in MSP programs from any form of abuse, exploitation or neglect, including sexual abuse. To this end, the following standards and procedures will be implemented when interviewing and hiring new staff.

MSP takes a zero tolerance approach and stance on child exploitation and abuse (in line with Australian Governments Department of Foreign Affairs and Trade Principle 1) that recognises MSP will not willingly engage – directly or indirectly – anyone who poses a risk to children, will work to minimise risks of child abuse and exploitation associated with our core programs and functions, will investigate all reports and allegations of child abuse and exploitation made against staff and will adhere to obligations under this policy.

The following standards and procedures will be the measures that MSP implement to reduce the risk to children receiving assistance in MSP programs.

*MSP is a member of the Fiji National Coordinating Committee on Children (NCCC) and contributed to the development of the Inter Agency Guidelines on Child Protection in Fiji. MSP follows the Inter Agency Guidelines on Child Protection which complement the Ministry of Health, "Responding to Intimate Partner Violence and Sexual Violence Against Women" Health Guidelines for comprehensive Case Management. (Draft 2014 MOH Fiji).*

## Scope

This policy applies to all personnel including (but not limited to) all employees, senior management, volunteers, individual consultants/contractors and board members. For the purpose of this policy “staff” covers the aforementioned groups.

## Recruiting and Screening Procedures

The organisation’s child protection policy includes a commitment to preventing a person from working with children if they pose an unacceptable risk to children.

- All staff will be informed of MSP child protection policies at the start of the recruitment process. The policies and standards will be reviewed during orientation.
- All staff will be required to complete the police clearance form, as required.
- Basic screening of applications for employment will include written application; interviews (which will include child protection related questions) verbal reference checks. This includes international and local applicants.

In the best interest of the child, MSP will not hire any persons with a prior conviction for child abuse, exploitation of children, paedophilia or related offences.

- All applicants will be directly asked if they have any police record or legal conviction for crimes or abuse committed against children. Further, in countries where police checks are unreliable then applicants will be required to sign a declaration of their status regarding legal conviction for crimes or abuse committed against children.
- All applicants will be asked directly during an interview process if they have ever committed or participated in acts that have abused or exploited children.
- All individuals who are hired as independent contractors will be notified of the MSP’s policy and standards for child protection and are made aware that they are expected to follow the behaviour protocols outlined below.
- MSP will reserve the right not to hire an applicant if background checks reveal that the person is not suitable to work with children.
- All of the above procedures for background checks and screenings must be followed prior to formal hiring offer being made to any expatriate and national staff.
- All staff must sign the Child Protection Code of Conduct to acknowledge receipt and understanding of the MSP above mentioned behaviour standards and procedures as outlined in this policy. Follow up training will occur to ensure Child Protection material was understood.
- MSP reaffirms procedural fairness when making decisions that affect a person’s rights or interests within the organisation when responding to concerns and/or allegations of child exploitation and abuse or policy non-compliance by staff.

- MSP reserves the right to invoke provisions for suspension, transfer of duties, requirement of undergoing further child protection training or dismissal if any staff are under investigation for child exploitation or abuse or policy non-compliance.

### Behaviour Protocols Standards (Code of Conduct)

Behaviour Protocols are designed to protect children and are also intended to protect staff from false accusations of inappropriate behaviour and abuse. Staff are expected to adhere to the following behaviours while performing their duties.

- MSP staff will treat all children with respect.
- MSP staff will not use language or behaviour towards children that is inappropriate, harassing, abusive, sexually provocative, demeaning or culturally inappropriate.
- MSP staff **will not stay alone overnight or any other time, or sleep close to/**with one or more children or minors (this does not apply to individuals' own children), whether in the staff member's house, project premises, clinic or elsewhere. This includes not inviting unaccompanied children into private residences, unless they are at immediate risk of injury or in physical danger. If a child is at immediate risk of injury or physical danger, the staff member must notify their supervisor or the CHL immediately that a child has been brought into their residence and apply the 2 adult rule.
- MSP staff never use any computers, mobile phones, video cameras, cameras or social media to exploit or harass children, or access child exploitation material through any medium.
- MSP staff will not hire minors for domestic labour such as "house help" or for any other labour: which is inappropriate given their age or developmental stage; which interferes with their time available for education and recreational activities; or which places them at significant risk of injury. A minor for MSP purposes will be defined as a "child under the age of 18 years". Even though providing employment for a minor may be culturally acceptable and provide benefits not otherwise available to the child, the hiring of minors may lead to misunderstandings and is inconsistent with MSP efforts to stop exploitative child labour.
- MSP staff must not fondle, kiss, hug or touch minors in an inappropriate or culturally insensitive way. Staff must not engage children under the age of 18 in any form of sexual intercourse or sexual activity, including paying for sexual services. To avoid misunderstanding, it is recommended that a child be asked for permission before touching or holding hands and that a parent also consents.
- MSP staff will comply with all relevant Fiji or local legislation, including labour laws in relation to child labour.
- Where possible and practical, **the "two adult" rule**, wherein two or more adults supervise all activities where minors or children are involved and shall be present to supervise at all times. When two adults are not available immediately, MSP staff will look for alternatives, such as being accompanied by a respected community member who is 'in charge' during the visit, activity or function. MSP Registered Medical staff and senior counsellors may attend to a child alone (if this is the child's wish or instruction), but will only attend to the child, with their door open (**i.e. the cracked door protocol**) so the child is in visual line of sight of their parent or guardian or appointed adult. MSP staff will avoid being alone with the door closed while attending a child client.
- MSP staff will not use physical punishment on children.

- MSP staff will be aware that they may work with children, minors and young adults who, because of circumstances and abuses they have experienced, may use a relationship or inappropriate suggestive behaviour to obtain special attention. The Adult will always be considered responsible even if a child behaves seductively. MSP staff will avoid being placed in a compromising or vulnerable position.
- MSP provides clinical and social services for children including specific medical examinations. MSP will immediately report on any findings of child abuse, neglect or misconduct as per the law of the country. MSP staff will respond rapidly making the safety of the child a priority.
- MSP provides specialised clinical and social services for at risk clients including children who have been sexually assaulted. In these cases, the “two adult” rule is critical and a guardian or parent must also be present. The Parent or Guardian must approve and sign off on all medical procedures and examinations on behalf of the child. However, where the child is of an age to understand the clinical process, then the MSP counsellor or medical practitioner shall consult with the child and advise them of the process and what to expect in the medical examination and obtain their verbal consent to proceed. In addition, a counsellor shall be made available to support the child and the parent or guardian through the medical examination process. MSP medical officers will not proceed with a medical examination if a client (including a child client) refuses the examination and will refer back to the MSP counsellor and parent/guardian for mediation on the matter. Confidentiality will be maintained as per all medical clients.
- MSP staff may not transfer a child across an international border without the formal approval and accompaniment of their parent or legal guardian and with the acknowledgement of the appropriate legal governing bodies responsible for child protection or immigration. The exception to this regulation is in times of emergency, where a child is at immediate risk, such as States in Conflict or war or when there is a designated humanitarian disaster, whereby a governing body such as the United Nations (e.g. UNICEF, UNDP, UNOCHA or UNHCR) or the ICRC is mandated to approve the rescue or transfer of unaccompanied minors. As needed, MSP will develop additional country specific child protection policy and additional protocols for specialised emergency programs.
- Where MSP is managing camps or emergency accommodation including programs that assist Displaced Persons, Refugees and/or unaccompanied minors, MSP will develop and apply country specific child protection policies and procedures (referring and complying with the leading UN Protocols and the IASC guidelines on GBV interventions in Humanitarian Settings) As per the Sphere Minimum Standards in Disaster response, sanitation and ablution facilities will be separated for each gender and women’s facilities will be well lighted and secured. In consultation with beneficiaries, guards may be appointed on key routes (particularly at night) to secure the pathway in instances where women and girls are vulnerable to attack or kidnapping. Similarly, the needs of girls, minors and disabled persons will be considered in camp design, layout and management.
- When MSP is managing a shelter or emergency accommodation, families will be housed together as per normal cultural requirements. In cases where minors are separated from their family, or unaccompanied, a guardian will be appointed. Unaccompanied minors will be segregated by sex and have a separate chaperoned dormitory or facility. MSP will develop an additional policy and protocols for the accommodation of unaccompanied minors inclusive of ensuring ongoing education opportunities. The needs of those with disabilities will be considered when arranging shelter (where possible and feasible).
- Security and Gender/Child protection issues will be considered when planning shelter and accommodation. All MSP managed shelter facilities will have security and be lit at night (e.g. ablution facilities and kitchen facilities shall have security lighting).

- MSP staff must ensure the confidentiality of its clients including child clients. Minors may not be presented by the agency in meetings, workshops, events and functions for marketing purposes to raise funds or to gain media attention.
- In cases of Adoption, MSP staff will follow guidelines of the state and support the mother through the process of maternity, delivery, adoption and coping. MSP staff may not adopt a child client but must refer the client to the appropriate authorities or partner agency.
- In cases of formal foster care, MSP staff will follow the MSP child protection protocols, referral protocols and the law of the country. MSP staff may not foster MSP clients nor beneficiaries but are required to refer such cases to approved social service providers.
- In cases of child endangerment and abduction, MSP staff will be trained and aware of child trafficking issues and shall monitor for such vulnerabilities and report as per the law of the country.
- When assisting youth to travel abroad for training or scholarship opportunities, MSP will follow a strict set of study abroad protocols inclusive of child protection requirements, protocols and procedures. Guardians will accompany minors and guardians will be appointed at all residential premises. All guardians must have a police clearance and undergo an interview by representatives of MSP and the child's parent or guardian prior to appointment.
- MSP staff, volunteers and consultants will be concerned about perception and appearance in their language, actions, and relationships with children, minors and young adults. MSP staff, volunteers and consultants will live up to Medical Services Pacific's *Mission Statement* and *Core Values* in all relationships with others.
- The health, safety, confidentiality and security of MSP clients is paramount and the safety and wellbeing of child clients is a priority.
- Privacy and Confidentiality will be priorities for clients and survivors of sexual assault. MSP will not undertake advocacy or media statements about sexual assault cases. MSP will advise and assist survivors and their families with information to be able to prevent and manage intrusive media inquiries or other unwanted news coverage. A media plan may be developed and a safety and security plan may be developed if the client or situation requires it.
- In order to assist child survivors to heal and move on, MSP will support families to identify suitable schools and accommodation and liaise with the Ministry of Education and school teachers to ensure adequate sensitization of the matter to protect the rights and confidentiality of the child.
- MSP staff will immediately report concerns or allegations of child exploitation and abuse and policy non-compliance in accordance with appropriate procedures.
- MSP staff will immediately disclose all charges, convictions and other outcomes of an offence that relates to child exploitation and abuse, including those under traditional law, which occurred before or occurs during association with MSP.

## The Photo Policy for Using Children's Images

When photographing or filming a child for work related purposes, MSP must:

- Assess and comply with local traditions or restrictions before photographing or filming and reproducing personal images;
- Obtain consent from the child and a parent or guardian of the child. As part of this, an explanation as to how the photograph or film will be used shall be provided. In keeping with the

rights of the child, where the child is of an age to understand the use of photograph, their permission (along with their carer or guardian) must be obtained to utilize the photographs for marketing;

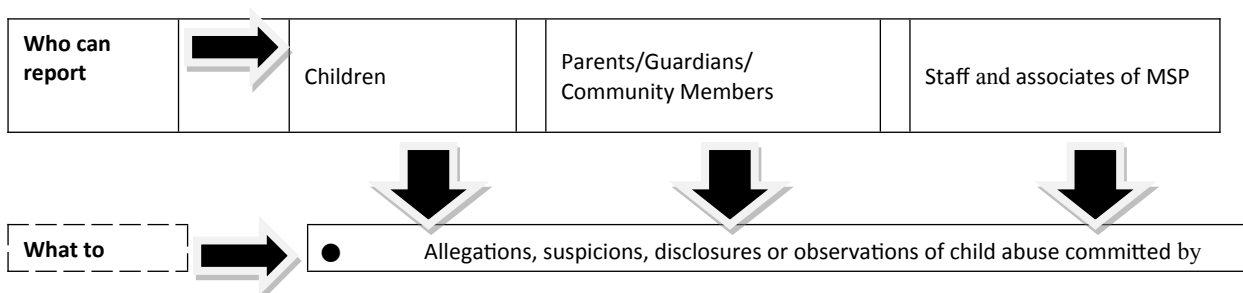
- Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner;
- Ensure that in photographs the people including children are adequately clothed and are not presented in poses that could be seen as sexually suggestive or otherwise sexually vulnerable. Naked or semi naked photos may not be used of either adults or children;
- Ensure cultural photos of children in traditional attire are appropriate for international viewing audiences who may not understand the context. Do not release images of children partially dressed or in suggestive poses;
- Ensure images are honest representations of the context;
- Never use images that demonize or victimize the child or the family or identify their location;
- Never use images that may portray a child in distress or suffering;
- Ensure file labels and metadata do not reveal identifying information about a child when sending images electronically;
- Ensure images of children that are available for public use do not reveal any identifying information.
- Where possible, try to avoid taking photographs of children’s faces (if they are not with their parent or guardian), rather, take photos from behind the child, or at the side in profile, or set the scene so the children cannot be easily identified (e.g. focus the lens on the main objective and blur the edges where the children are gathered around).

## Allegation/Incident Management Plan

### Child Protection Organizational (Internal) Reporting Process

This reporting format must also be provided to communities that MSP work in. The MSP reporting plan will include the following:

This Process should be followed for reports concerning an alleged breach of the Child Protection Policy and/or Code of Conduct, allegations or suspicions of child abuse having been committed, or concerns/information about the actions or behaviour of MSP staff and associated personnel.



<b>report?</b>	<p>staff and associates of MSP</p> <ul style="list-style-type: none"> <li>● Concerns about the action or behaviour of Staff and associates of MSP</li> <li>● Suspected or confirmed breaches of the CP Policy and/or Code of Conduct by Staff and associates of MSP</li> <li>● Information received of criminal proceedings being undertaken in regards to child exploitation and abuse against staff or associates of MSP.</li> </ul>
<b>When to report?</b>	<p>Immediately, as soon as practically possible or within 24 hours</p>
<b>Who to report to?</b>	<p>If any misconduct is known or if allegations have been made against MSP staff, this must be immediately reported to their immediate supervisor. MSP staff reporting the matter must fill out the incident report form.</p> <p>If the staff member being reported is part of the senior management team then staff must report to the next highest senior management personnel or the board of directors (in the case of the director).</p> <p>All visitors to the MSP office, clients, contractors or member of public that suspect abuse or neglect by any MSP staff can call the National Child Helpline on 1325 or the Country Director on 4502908 or email <a href="mailto:info@msp.org.fj">info@msp.org.fj</a>.</p>
<b>What will happen?</b>	<p>The supervisor will immediately contact the Senior Management Team (unless the accused is a SMT member then the board will be contacted by another SMT member).</p> <p>The Director, or his appointed designee, will contact the designated Child Protection Officer (MSP Legal Advisor) to seek further advice and commence an investigation. The Child Protection Officer will work with the Director to further assess the situation and determine appropriate steps that should be taken (in line with MSP policies).</p> <p>MSP recognises procedural fairness when responding to concerns or allegations of child exploitation and abuse by staff and therefore has highlighted possible outcomes below.</p>
<b>Possible consequences</b>	<p>Possible outcomes include:</p> <ul style="list-style-type: none"> <li>• Meetings to discuss breach and opportunity for person to provide their account/understanding of the situation</li> <li>• Performance Management</li> <li>• Further education on the CP Policy and Code of Conduct without pay</li> <li>• Formal warning and monitoring</li> <li>• Transfer to other duties</li> <li>• Suspension pending investigation</li> <li>• Internal and/or criminal investigation</li> <li>• Report to Police</li> <li>• Dismissal</li> </ul> <p>HR Policy on sexual exploitation, abuse and harassment will be enacted. If serious, the Director will inform the MSP board and or appropriate authorities.</p> <p>Should the police be involved, all MSP staff are expected to cooperate with them and comply with local labour laws. MSP has a formal Memorandum of Agreement with the Police and will respond rapidly to any complaint.</p> <p>To assess the situation, an “in-house” investigation will be conducted as per the MSP HR Manual. The in-house investigation will be conducted with care and concern, sensitive to the culture and context of the countries that they work in. In consultation with senior management, the Director will decide who will be part of the investigation team. Any and all</p>

		<p>information collected will be held in the strictest confidence and will only be presented to the Director and any other persons appointed by the Director.</p> <p>A plan for responding to the results of the investigation that includes consideration for the welfare of the child and the legal rights of the accused will be developed and implemented.</p> <p>Based on the findings of the investigation, MSP will decide and take action on the appropriate corrective action to take place. MSP shall strive to protect the identity of the child or client at all times.</p>
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<p><b>Follow up</b></p>		<ul style="list-style-type: none"> <li>● Feedback to be given where possible to those directly involved or affected, protecting confidentiality and privacy. Debriefing/counselling to be offered, if needed.</li> <li>● Any person who intentionally makes a known false allegation or malicious allegation will face disciplinary action.</li> </ul>
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● *Suspected Child Abuse*

In coordination with the Child Protection Officer, the Director will immediately put into effect internal reporting steps, seek instructions from the MSP management and legal staff, report to local authorities as required, and also will give due regard to the appropriateness of informing local law and judicial mechanism where this is not a requirement. If an expatriate is suspected, the Director will give due regard to the potential of extraterritorial proceedings by the expatriate’s country of origin.

Inappropriate behaviour toward children, including failure to follow MSP behaviour protocols or sexual abuse of a child is grounds for discipline, including possible legal action, up to and including dismissal from employment, volunteer activities or any contractual agreement.

● *Other reporting Situations*

Any MSP staff who has knowledge of a potential child protection issue or policy non-compliance involving any MSP staff person will immediately contact their supervisor who will contact the Director.

● *Response to findings and concluding investigations*

- The welfare of the child is of prime importance. If abuse is proven or suspected, MSP will make every effort to assist the child in coping with any trauma. MSP will work with local health care providers, partners and the child’s family in determining and implementing the best care and support for the child.
- There will be a review of the facts uncovered during the investigation to determine what actually happened, followed by a consultative decision making process about the future of the staff involved. If the decision is to terminate employment, the staff will have the findings of the investigation shared with him or her.
- Any staff accused of sexually abusing or exploiting a child will be temporarily suspended during the course of the investigation. **The accused person will be suspended with pay and instructed to desist from contacting MSP staff or clients.**



- The staff will be informed that charges have been made against him or her and will be given an opportunity to respond.
- As MSP initiates an internal investigation, the person accused is encouraged to participate in the investigation by providing information and the names of witnesses to be interviewed. The person accused will not be allowed to have contact with the child. At the conclusion of the investigation, the staff will be informed of the results of the investigation and what corrective action, if any, will be taken.
- An effort will be made to provide assistance to staff accused of misconduct with children, including appropriate counselling.
- Police will be engaged if the internal investigation determines there is truth in the accusation, but this is conditional that the country has a functional democracy with fair and functional police and legal systems. If the perpetrator is an expatriate, they may be repatriated for legal action in their home country.
- In the event an allegation is proven to be untrue, or fabricated, appropriate steps will be taken for follow-up with the person who has been accused, the child, and the person(s) who did the reporting. Counsellors may be assigned to all to assess the situation.
- All information concerning the incident and investigation will be documented in writing and will be confidential - the document will be available only on a need to know basis. A copy of the confidential report of the investigation and conclusion can be provided to the board at their request. In the case that it involves a MSP staff.
- In the event that the allegation is proven to be true, the employee will be immediately terminated from employment, and advised of implications and any proceedings against them.
- In the event that a staff is discharged for *suspected* sexual abuse, the MSP management may disclose such information if requested by a prospective employer. Such disclosures will be made in accordance with applicable laws and/or custom.
- MSP is governed by the laws of the country where the incident takes place and where there is mandatory reporting of such cases, the person in charge (country manager or Country Director) must report the incident to the authorities and the MSP CEO.

The CEO must make efforts to contain the situation internally and maintain confidential processes externally. However, the CEO should also prepare a media plan and an approved response in the event that the media or news outlets focus on the case. MSP must protect the identity of those involved. Staff must be reminded to maintain confidentiality of information until the matter is resolved.

### Child Protection Training

All staff must attend MSP Child Protection Training within 1 month of commencement. New employees are required to request training from the Protection Officer. All staff are required to attend Child Protection Refresher Training every 6-12 months and make themselves aware of the Child Protection Procedures.

Child Protection orientation and refresher training is mandatory training for all MSP staff and attendance records will be taken and stored with SMT for follow up, evidence and recording processes.

Contractors, sub contractors, security firms, transport firms and other partners working with MSP must also have a USA, EU or Australian child protection training program certification or attend training provided by MSP every 6 months.

### **Policy Review**

The MSP Child Protection Policy and the Child Protection Policy outlined in the MSP Human Resource Manual 3.3 *Child Protection* will be subject to review every five years or earlier if warranted.



## **MSP Child Protection Policy Declaration**

I have read and understood the MSP Child Protection Policy and agree to comply with the guidelines and instructions and support the intent to protect children at all times from any risk or hazard.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

*Action: File by HR on Employee file*

## Appendix 1: Child Protection Risk Register

# Medical Services Pacific (MSP)



## Child Protection Risk Register

*To identify and manage the risks and dangers to children who enter MSP programs or visit the MSP Office and Clinic to access services*

<b>Risk Register Owner</b>	Ashna Shaleen
<b>Approved By</b>	MSP Director-Ashna Shaleen
<b>Issue Date</b>	Tuesday, March 09, 2021
<b>Review Date</b>	Annually or when new risk is identified

Child Protection risk management is child abuse prevention. There is a great need in identifying potential risks and ways children can be harmed. This can only be achieved by identifying risks and developing strategies to minimize and prevent child abuse.

### **Risks**

The potential for something to go wrong

### **Risk Management**

Identifying the potential for an accident or incident to occur and taking steps to reduce the possibility of it occurring

### **MSP staff**

Employees, volunteers, consultants, contractors, board members and trustees.

### **Child**

Including any children or youth or children with disabilities under the age of 18 years

**1. Program: One Stop Shop (OSS) Risk Assessment 6 March 2017**

Reviewed by: Ayesha Lutschini, Milika Nation and Elizabeth Rova

RISK FACTOR IDENTIFIED AND DESCRIPTION OF THE RISK FEATURES	STRATEGIES TO REDUCE RISK	RISK MONITORING – WHO IS RESPONSIBLE AND TIMEFRAME
<p>At the clinic, children brought into the clinic, including Government referred sexual assault cases.</p>	<ul style="list-style-type: none"> <li>▪ More than one adult should accompany children to the clinic or other MSP facilities.</li> <li>▪ A MSP counselor should be present to support the child.</li> <li>▪ No adult should be left alone with children in the same room.</li> <li>▪ Provide correct and proper instruction to all those taking care of children at the clinic.</li> <li>▪ Prevent non-medical or approved staff from intervening.</li> <li>▪ No MSP staff may host the child in external accommodation (staff home). Welfare to be called in to assist with accommodation.</li> <li>▪ Child survivors must be accompanied by a parent or guardian when visiting the clinic or one will be appointed by MSP via interagency protocols.</li> <li>▪ Granting consent from parents or guardian first before conducting any medical examinations (if child is a minor or underage).</li> </ul> <p>MSP will not conduct a medical if the child refuses but will refer to a counselor</p>	<p>MSP One Stop Shop Staff: Senior Counselor CHL counselor Protection Officer Doctor Nurse</p>
<p>Medical examinations process &amp; procedures.  Children left alone with Doctor or nurse</p>	<ul style="list-style-type: none"> <li>▪ Confidentiality of a child must be maintained and upheld at all times.</li> <li>▪ Parent or guardian must also be present.</li> <li>▪ A Counselor should be present to ensure the 2<sup>nd</sup> adult and mental health care and support.</li> <li>▪ Parent or guardian must approve with consent and sign off on all medical procedures &amp; examinations on behalf of the child</li> <li>▪ Medical officer or counselor may see a youth or child with a cracked door, with the parent or guardian outside the door but within visual range.</li> <li>▪ Medical staff must explain to parent or guardian with child the steps taken for clinical process and what to expect after the examination is done</li> <li>▪ Other MSP services such as Counseling &amp; Legal consultation must be available as and when required.</li> </ul> <p>Interagency Protocols followed and Welfare advised.</p>	<p>Doctor Nurse Senior Counsellor CHL Counsellor Protection Officer</p>
<p>Friends or family periodically visit MSP when child (client) is in attendance. Children left alone with an adult</p>	<ul style="list-style-type: none"> <li>▪ Ensure CP processes are in place to prevent visitors from being alone with any child in the office.</li> </ul>	<p>Clinic Manger of One Stop Shop or MSP Senior Management representative</p>

	<ul style="list-style-type: none"> <li>▪ Keep a visitors book to make sure all visitors sign to abide by the CP policy</li> <li>▪ 2 Adult Rule</li> </ul> <p>Counselor assistance as needed.</p>	
<p>Child using office convenience and kitchen facilities.</p> <p>Child accessing office space and exposed to medical equipment and apparatus.</p>	<ul style="list-style-type: none"> <li>▪ Children required to relieve themselves in the toilet unsupervised</li> <li>▪ Children to be escorted to and from facilities.</li> <li>▪ 2 adult rule</li> <li>▪ Supervision of ALL children in OSS</li> <li>▪ OSS staff to ensure medical equipment and apparatus are out of reach from children.</li> </ul>	<p>Senior Counsellor CHL Counsellor Medical Staff</p>
<p>Child says he/she does not want to go home with parent</p>	<ul style="list-style-type: none"> <li>▪ Assign a counselor immediately to ask the child for a reason.</li> <li>▪ If the answer suggests harm to a child from someone at home, follow interagency protocols. Report to Social Welfare or Police.</li> </ul> <p>Consider if parents or family members are a risk to the child.</p>	<p>Senior Counsellor CHL Counsellor Protection Officer Doctor Nurse</p>
<p>Child says he/she does not want to go back to school</p>	<ul style="list-style-type: none"> <li>▪ Assign a counselor immediately to ask for a reason.</li> <li>▪ Counselor to assess if answer suggests harm to child from someone at school, report to school head</li> <li>▪ If not, follow interagency protocols and report to Social Welfare</li> </ul> <p>Discuss with parent</p>	<p>Senior Counsellor CHL Counsellor Protection Officer Doctor Nurse</p>
<p>Handling children</p>	<ul style="list-style-type: none"> <li>▪ Assign a counselor to ensure 2 adult rule.</li> <li>▪ Ensure confidentiality when supporting a child.</li> <li>▪ Protect child and prevent other staff from interacting, touching, holding hand, kiss, hug or admire minors inappropriately or culturally insensitively</li> <li>▪ Permission to be granted from parents before doing any of the above.</li> <li>▪ Staff must comply with 2 adult rule. Staff should find alternative ways to handle a child if counseling staff is not immediately available.</li> </ul> <p>Call the child help line and ask child to talk to a counselor</p>	<p>Senior Counsellor CHL Counsellor Protection Officer Doctor Nurse</p>
<p>Staff daily appearance, behavior and attitude in the office when a child is in attendance.</p>	<ul style="list-style-type: none"> <li>▪ Adequate recruitment and selection process of paid employees and volunteers, consultants, etc.</li> <li>▪ Staff must undergo police clearance check when the work required is dealing with children</li> <li>▪ Staff to be mindful of their appearance e.g. appropriate clothing</li> <li>▪ Staff to be mindful of their behavior and attitude</li> <li>▪ No use of abusive or vulgar language e.g. swearing, shouting, growling etc. when a child is in attendance</li> <li>▪ Staff to follow 2 adult rule at all times</li> </ul> <p>Staff to be aware of age of consent, and age of appropriate literature (e.g. sex education)</p>	<p>All Staff</p>

	materials).	
Ensuring privacy and Confidentiality for clients	<ul style="list-style-type: none"> <li>▪ Immediately assign a counselor and enact interagency protocols if a child is at risk.</li> <li>▪ Protect the child from unwanted media attention.</li> <li>▪ Counsel parents or guardians.</li> <li>▪ Advise parents and guardians to ensure they are protected and not at risk of exposure.</li> <li>▪ Work with external stakeholders to protect the child and family and to promote healing.</li> <li>▪ Non-medical, non-legal and non-counselling staff are not permitted to access the Medical clinic during an SOU or CP case, unless they are directly assisting with that case as anything to do with children is on a need to know basis.</li> </ul>	Senior Counselor Manager
Hiring security personnel for the protection of MSP facilities when a child is in attendance	<ul style="list-style-type: none"> <li>▪ Security personnel must undergo police clearance check</li> <li>▪ Must undertake gender &amp; CP training every 6 months</li> <li>▪ Must follow 2 adult rule when supervising children on the property</li> </ul>	Program Manager Manager
Children are not aware of how to raise concerns on inappropriate behavior by MSP staff.	<ul style="list-style-type: none"> <li>▪ Child friendly posters will be on display at the OSS.</li> <li>▪ Child friendly poster in the OSS on Reporting pathways.</li> <li>▪ 2 adult rule</li> </ul>	Counsellors Medical Staff Protection Officer

**2. Program: Mobile Outreach Clinic**

Reviewed by: Ayesha Lutschini, Milika Nation and Elizabeth Rova

RISK FACTOR IDENTIFIED AND DESCRIPTION OF THE RISK FEATURES	STRATEGIES TO REDUCE RISK	RISK MONITORING – WHO IS RESPONSIBLE AND TIMEFRAME
<p>Outreach Accommodation within beneficiary community.</p> <p>MSP Staff sleeping near beneficiary children.</p> <p>Child left alone with an adult and unsupervised.</p>	<p>Education Officer and Program Manager are required to secure MSP specific accommodation away from Community beneficiaries.</p> <p>However, if no accommodation exists, the EO and PM are required to liaise with the community to ensure outreach accommodation is not accessible by any children.</p> <p>2 adult rule. No MSP Staff is permitted to sleep in the same room as the beneficiary children.</p>	<p>Program Manager Education Officer Outreach Team</p>
<p>Children swimming sessions at campsites/Community Outreach</p> <p>Children required to change clothes where change rooms are unsupervised and open to public</p>	<ul style="list-style-type: none"> <li>▪ Keep children in same sex groups and age groups</li> <li>▪ Educate and remind children to stick within their group and avoid speaking to strangers in the change room</li> <li>▪ Counselor or staff to supervise doorway</li> </ul>	<p>Outreach Team Camp Team</p>
<p>Staff daily appearance, behavior and attitude in outreach when a child is in attendance.</p> <p>Child left alone with an adult</p>	<ul style="list-style-type: none"> <li>▪ Adequate recruitment and selection process of staff</li> <li>▪ Staff must undergo police clearance check when the work required is dealing with children</li> <li>▪ Staff to be mindful of their appearance e.g. appropriate clothing</li> </ul>	<p>All Staff</p>



	<ul style="list-style-type: none"> <li>▪ Staff to be mindful of their behavior and attitude</li> <li>▪ No use of abusive or vulgar language e.g. swearing, shouting, growling etc. when a child is in attendance</li> <li>▪ Staff to follow 2 adult rule at all times</li> </ul> <p>Staff to be aware of age of consent, and age of appropriate literature (e.g. sex education materials).</p>	
Children and beneficiaries in the community are not aware of how to raise concerns on inappropriate behavior by MSP staff.	<ul style="list-style-type: none"> <li>▪ Child friendly posters on Child Protection will be on display.</li> <li>▪ Child friendly poster on Reporting pathways to be displayed.</li> <li>▪ 2 adult rule</li> </ul>	Outreach Team
<p>Taking photographs of Children.</p> <p>Children alone or in groups without adults</p>	<ul style="list-style-type: none"> <li>▪ Avoid photos that identify a child, children or youth at risk or in danger or otherwise distressed.</li> <li>▪ Never Victimize a child in media</li> <li>▪ Request permission from a guardian to take the photo and obtain written consent to use the photograph in reports or IECs (<i>delete photos that don't have consent</i>)</li> <li>▪ Never identify the child publically</li> <li>▪ Duty to ensure everyone knows how MSP will use the photograph and gives permission.</li> <li>▪ Never take photos of children partially or fully naked, even babies. Never take photos of children in inappropriate attire or in sexually suggestive poses.</li> <li>▪ Take care when choosing cultural photos where children may be in semi dress or traditional tribal attire that could be alluring to predators.</li> <li>▪ Never take photographs when you should be doing emergency response &amp; saving lives.</li> </ul> <p>The above points also apply to video and other visual media.</p>	Outreach Team M&E Team
<p>Hiring security personnel for the protection of MSP facilities when a child is in attendance.</p> <p>Child left alone with an adult</p>	<ul style="list-style-type: none"> <li>▪ Security personnel's must undergo police clearance check</li> <li>▪ Must undertake gender &amp; CP training every 6 months</li> <li>▪ Must follow 2 adult rule when supervising children on the property</li> </ul>	Program Manager Manager
<p>MSP Vehicle in community or schools.</p> <p>Possibility of hitting a child while the vehicle is in use.</p>	<p>MSP vehicle should be parked in a school identified car park.</p> <p>While passing through a community or school grounds, the MSP Vehicle should not go over 10km/hr.</p> <p>While reversing the driver should use the reversing camera and check over their shoulder and look out the window for any child that may be behind the vehicle.</p>	Driver Outreach Team Leader
MSP Staff and Volunteers pose risk to beneficiary children.	<ul style="list-style-type: none"> <li>● Screened carefully via interviews, police checks and reference checks</li> <li>● Recruited quickly for immediate deployment in emergency situations</li> </ul>	Senior Management Protection Officer Outreach Team

	<ul style="list-style-type: none"> <li>● Supervised adequately when working with children and young people</li> <li>● Made aware and received training on Child Protection Policy and Procedures and therefore avoid misunderstandings</li> <li>● Signed the Code of Conduct and been inducted on appropriate boundaries when working with children</li> <li>● Trained on the Child Protection Reporting Process</li> <li>● Volunteers, consultants and contractors will be supervised by MSP employees</li> <li>● 2 adult rule</li> </ul>	
<p>Staff from MSP Partner Organisations/Agencies (e.g. Zone nurse, District Nurse or Community Volunteers)</p>	<p>Ensuring that the personnel from Partner Organisation/Agencies is paired with an MSP staff to observe the 2 adult rule.</p> <p>In the absence of the CP Policy by MSP Partner Organisations, the Protection Officer or Team Leader must provide the partner organisation personnel with MSP’s CP Policy and they are required to sign and abide by it for the duration of the outreach.</p>	<p>Outreach team leader Protection Officer</p>
<p>Children brought into the mobile clinic, including Government referred sexual assault cases.</p>	<ul style="list-style-type: none"> <li>▪ More than one adult should accompany children to the clinic or other MSP facilities.</li> <li>▪ A MSP counselor should be present to support the child.</li> <li>▪ No adult should be left alone with children in the same room.</li> <li>▪ Provide correct and proper instruction to all those taking care of children at the clinic.</li> <li>▪ Prevent non-medical or approved staff from intervening.</li> <li>▪ No MSP staff may host the child in external accommodation (staff home). Welfare to be called in to assist with accommodation.</li> <li>▪ Child survivors must be accompanied by a parent or guardian when visiting the clinic or one will be appointed by MSP via interagency protocols.</li> <li>▪ Granting consent from parent or guardian first before conducting any medical examinations (if the child is a minor or underage).</li> </ul> <p>MSP will not conduct a medical if the child refuses but will refer to a counselor</p>	<p>Medical team</p>
<p>Medical examinations process &amp; procedures.  Children left alone with Doctor or nurse</p>	<ul style="list-style-type: none"> <li>▪ Confidentiality of a child must be maintained and upheld at all times.</li> <li>▪ Parent or guardian must also be present.</li> <li>▪ A Counselor should be present to ensure the 2<sup>nd</sup> adult and mental health care and support.</li> <li>▪ Parent or guardian must approve with consent and sign off on all medical procedures &amp; examinations on behalf of the child</li> <li>▪ Medical officer or counselor may see a youth or child with a cracked door, with the parent or guardian outside the door but</li> </ul>	<p>Medical team</p>

	<p>within visual range.</p> <ul style="list-style-type: none"> <li>▪ Medical staff must explain to parent or guardian with child the steps taken for clinical process and what to expect after the examination is done</li> <li>▪ Other MSP services such as Counseling &amp; Legal consultation must be available as and when required.</li> </ul> <p>Interagency Protocols followed and Welfare advised.</p>	
Friends or family periodically visit MSP clinic when a child (client) is in attendance.	<ul style="list-style-type: none"> <li>▪ Ensure CP processes are in place to prevent visitors from being alone with any child in the office.</li> <li>▪ Keep a visitors book to make sure all visitors sign to abide by the CP policy</li> <li>▪ 2 Adult Rule</li> </ul> <p>Counselor assistance as needed.</p>	Clinic Manger of Mobile Clinic or MSP Senior Management representative
Child accessing office space and exposed to medical equipment and apparatus.	<ul style="list-style-type: none"> <li>▪ Children required to relieve themselves on the toilet unsupervised</li> <li>▪ Children to be escorted to and from facilities.</li> <li>▪ 2 adult rule</li> <li>▪ Supervision of ALL children in mobile clinic</li> <li>▪ Mobile clinic staff to ensure medical equipment and apparatus are out of reach from children.</li> </ul>	Senior Counsellor CHL Counsellor Medical Staff
Child says he/she does not want to go home with parent	<ul style="list-style-type: none"> <li>▪ Assign a counselor immediately who will ask the child for a reason.</li> <li>▪ If the answer suggests harm to a child from someone at home, follow interagency protocols. Report to Social Welfare or Police.</li> </ul> <p>Consider if parent or family members are a risk to the child.</p>	Senior Counsellor CHL Counsellor Protection Officer Doctor Nurse
Child says he/she does not want to go back to school	<ul style="list-style-type: none"> <li>▪ Assign a counselor immediately to ask for a reason</li> <li>▪ Counselor to assess if answer suggests harm to child from someone at school, report to school head</li> <li>▪ If not, follow interagency protocols and report to Social Welfare</li> </ul> <p>Discuss with parent</p>	Senior Counsellor CHL Counsellor Protection Officer Doctor Nurse
Handling children	<ul style="list-style-type: none"> <li>▪ Assign a counselor to ensure 2 adult rule.</li> <li>▪ Ensure confidentiality when supporting a child.</li> <li>▪ Protect child and prevent other staff from interacting, touching, holding hand, kiss, hug or admire minors inappropriately or culturally insensitively</li> <li>▪ Permission to be granted from parents before doing any of the above.</li> <li>▪ Staff must comply with 2 adult rule. Staff should find alternative ways to handle a child if counseling staff is not immediately available.</li> </ul> <p>Call the child help line and ask child to talk to a counselor</p>	Senior Counsellor  CHL Counsellor  Protection Officer  Doctor  Nurse

### 3. Child Help Line

Reviewed by: Ayesha Lutschini, Milika Nation and Elizabeth Roa

RISK FACTOR IDENTIFIED AND DESCRIPTION OF THE RISK FEATURES	STRATEGIES TO REDUCE RISK	RISK MONITORING – WHO IS RESPONSIBLE AND TIMEFRAME
Staff behavior and attitude on the phone when a child has contacted CHL.	<ul style="list-style-type: none"> <li>▪ Adequate recruitment and selection process of paid employees and volunteers, consultations etc.</li> <li>▪ Staff must undergo police clearance check when the work required is dealing with children</li> <li>▪ Staff to be mindful of their appearance e.g. dressing in the office</li> <li>▪ Staff to be mindful of their behavior and attitude</li> <li>▪ No use of abusive language or vulgar language e.g. swearing, shouting, growling etc. when a child is in attendance</li> <li>▪ Staff to be aware of age of consent, and age of appropriate literature (e.g. sex education materials).</li> </ul>	All Staff
Handling children when they come in for face to face counselling	<ul style="list-style-type: none"> <li>▪ Assign a counselor to ensure 2 adult rule.</li> <li>▪ Ensure confidentiality when supporting a child.</li> <li>▪ Protect child and prevent other staff from interacting, touching, holding hand, kiss, hug or admire minors inappropriately or culturally insensitively</li> <li>▪ Permission to be granted from parents before doing any of the above.</li> <li>▪ Staff must comply with 2 adult rule. Staff should find alternative ways to handle a child if counseling staff is not immediately available.</li> </ul> <p>Call the child help line and ask child to talk to a counselor</p>	Senior Counsellor CHL Counsellor Protection Officer Doctor Nurse
Children, Parents and Guardian are not aware of how to raise concerns on inappropriate behavior by MSP staff.	<ul style="list-style-type: none"> <li>▪ Child friendly posters of Child Protection will be on display.</li> <li>▪ Child friendly poster on Reporting pathways.</li> <li>▪ 2 adult rule.</li> <li>▪ CHL counsellors should advise callers at the start of the phone call if they are unhappy with services provided or the behavior of the counsellor, they have the right to seek another counsellor.</li> </ul>	Counsellors Protection Officer

### 4. School Based Support Services

RISK FACTOR IDENTIFIED AND DESCRIPTION OF THE RISK FEATURES	STRATEGIES TO REDUCE RISK	RISK MONITORING – WHO IS RESPONSIBLE AND TIMEFRAME
Engaging in one on one activity with children may give rise to allegations against the counsellor. Not just sexual	<ul style="list-style-type: none"> <li>▪ Ensure confidentiality when supporting a child.</li> <li>▪ Practice the 2-adult rule.</li> <li>▪ Cracked door policy.</li> </ul>	MEHA to be included into the Counselling policy/Code of Conduct policy Counsellor School Heads

<p>Engaging in one on one activity, counsellors may take advantage of information shared. You are building on a relationship of trust and using that as an advantage and taking advantage of children</p>	<ul style="list-style-type: none"> <li>▪ Orientation and refresher training on the Counsellor Code of Conduct</li> </ul>	<p>Senior Management Project Manager Counsellor</p>
<p>Transference: when the client redirects their feelings from a significant other/person in their life to the counsellor</p>	<ul style="list-style-type: none"> <li>▪ Acknowledge and normalize the feelings while staying calm.</li> <li>▪ Can respectfully ask to pause and debrief with Clinical Supervisor who will identify a counsellor who is competent to attend to the client.</li> </ul>	<p>Senior Management Project Manager Clinical Supervision Sessions Counsellor</p>
<p>Countertransference: a counsellor falling into the risk of transferring feelings to the client</p>	<ul style="list-style-type: none"> <li>▪ Counsellor needs to establish clear appropriate boundaries.</li> <li>▪ Counsellor need to be aware of her/his own counter transference.</li> <li>▪ It is an indication of the competence of Counsellors when they recognise their inability to counsel a client and make appropriate referrals.</li> <li>▪ Counsellor may need to terminate the counselling with the child.</li> </ul>	<p>Senior Management Project Manager Clinical debrief/supervision Counsellor</p>
<p>Dealing with delinquent and difficult children</p>	<ul style="list-style-type: none"> <li>▪ Separate the problem from the child – Establish a neutral or healthy environment</li> <li>▪ Prioritise the issues and problems surrounding the child</li> </ul>	<p>Counsellor Parents</p>
<p>Establishing relationships with children may result in children becoming dependent on the counsellor as their source of help</p>	<ul style="list-style-type: none"> <li>▪ Counsellor will at first need to explain the duration of sessions and termination.</li> <li>▪ Counsellor will need to be empowering and encourage the clients to use their strengths to cope- (That the clients are the experts of their lives)</li> </ul>	<p>Counsellor</p>
<p>Interference by the school heads, or school heads not aware of the reporting processes. School head wants to deal with it because it might ruin the school’s reputation</p>	<ul style="list-style-type: none"> <li>▪ Child Protection Training</li> <li>▪ Counsellor to inform them of their procedures of reporting</li> </ul>	<p>Counsellor Project Manager Protection Officer</p>
<p>Breach of confidentiality by counsellors</p>	<p>MSP’s protection of the client’s identity will include never revealing the three points (name, age or location) to the public. MSP will use codes and avoid combining details that reveal the identity and situation of the client to the public.</p> <ul style="list-style-type: none"> <li>• Keep in confidence information derived from a client, or from a colleague regarding a client, and divulge it only with the written permission of the client or their guardian except where the law requires otherwise.</li> </ul> <p>The following need to be in place to ensure confidentiality</p> <ul style="list-style-type: none"> <li>- access to health information only to people who are authorized to have access in order to</li> </ul>	<p>Senior Management Project Manager Counsellor</p>

	<p>use and staff access is only when relevant to the health care needs of the clients</p> <ul style="list-style-type: none"> <li>- security measures in place to prevent unauthorized access to the health records - codes or de-identifiers are in place (protect client identify)</li> <li>- procedures for destroying the records that protect the information</li> </ul> <p>Disclosure of client information can be either through clients consent or may be mandated through the legal system.</p> <p>Limited confidentiality does apply in counselling where there is a danger to the client or others.</p> <p>This does not infer an ethical breach of confidentiality, as limited confidentiality should be discussed at the contracting stage with all clients.</p> <p>Any disclosures of client information must be taken in ways that work to protect client’s autonomy, this is very important in Counsellors supervision, debriefs and case management discussions.</p> <p>Obligations, in respect of confidential information under this policy and individual contracts, continue, notwithstanding termination of employment with the MSP.</p> <ul style="list-style-type: none"> <li>● shall not disclose, without the MSP’s consent, the confidentiality terms of the MSP employment contract.</li> <li>● Breach or non-observance of any obligation in respect of confidentiality will be considered serious misconduct by the MSP, and cause for dismissal.</li> </ul>	
<p>Case management lagging behind due to hectic schedules</p>	<p>Allocate an Effective Case Manager who have the skills such as;</p> <ol style="list-style-type: none"> <li>1. Create a To Do List – Nothing is missed out</li> <li>2. Time Management</li> <li>3. Communication Skills: Case managers need to talk with clients and understand their needs. You will also need to speak with others on your client's behalf, and act as an advocate for them. Good listening skills, and speaking in an understandable way and being a good communicator is crucial.</li> </ol> <p>Case management may at times require a high level of coordination with external services</p>	<p>Case Manager Counsellor</p>

	depending on the individual's needs. Having close partnerships with relevant service providers will assist you in facilitating this process.	
Conducting training on Saturday with children away from their homes and classrooms. Children could be exposed to harm.	<p>Place or environment for conducting sessions should be a child-safe environment.</p> <p>Inform School Head of the Agenda.</p> <p>Hand out Agenda and Parent/ Guardian Consent forms for approval.</p> <p>Where possible and practical, the “two adult” rule, wherein two or more adults supervise all activities where minors or children are involved and shall be present to supervise at all times.</p> <p>When two adults are not available immediately, staff will look for alternatives, such as being accompanied by a respected community member who is ‘in charge’ during the visit, activity or function.</p>	<p>Project Manager</p> <p>Counsellor</p> <p>School Heads</p>

### 5. Other risks

RISK FACTOR IDENTIFIED AND DESCRIPTION OF THE RISK FEATURES	STRATEGIES TO REDUCE RISK	RISK MONITORING – WHO IS RESPONSIBLE AND TIMEFRAME
Overnight camp or any emergency/Community Outreach accommodation that assists displaced persons, refugees or unaccompanied minors. Sometimes child left alone unsupervised Child left alone with an adult	<ul style="list-style-type: none"> <li>▪ More than one adult should accompany children, particularly when all sleeping in the same room.</li> <li>▪ 2 or more children may be an option if 2 adults are not available.</li> <li>▪ No one adult should be left responsible to sleep in the same room as children</li> <li>▪ Provide correct instructions to all those taking care of children in camps.</li> <li>▪ Ensure counsellor available at all times in camps.</li> <li>▪ Ensure women and girls have adequate protection when using facilities.</li> <li>▪ All staff to pass police checks.</li> <li>▪ Area and facilities to be well lighted at night with security.</li> <li>▪ Communications available for emergency response.</li> </ul>	<p>Project Manager</p> <p>Senior Management</p> <p>Camp Team</p>
Children swimming sessions at camp sites/Community Outreach. Children required to change clothes where change rooms are unsupervised and open to public	<ul style="list-style-type: none"> <li>▪ Keep children in same sex groups and age groups</li> <li>▪ Educate and remind children to stick within their group and avoid speaking to strangers in the change room</li> <li>▪ Counselor or staff to supervise the doorway.</li> </ul>	<p>Management and camp team</p>
Child on medical evacuation, or travelling abroad for training or scholarship opportunities	<ul style="list-style-type: none"> <li>▪ No child is allowed by law to be transferred across an International Border without formal approvals.</li> </ul>	<p>Government officials</p>

	<ul style="list-style-type: none"> <li>▪ Child must be accompanied by a parent or legal guardian with appropriate legal measures taken to allow both parties to travel across the border safely and to be legally able to obtain refugee status or other legal option.</li> <li>▪ Counselor present before and after.</li> <li>▪ Receiving host to have police clearance and formal qualifications as caretaker or guardian.</li> <li>▪ MSP not to leave a child unsupervised with unapproved persons.</li> </ul>	
<p>State Conflict or State of emergency</p>	<ul style="list-style-type: none"> <li>▪ Child to be accompanied by a representative of the governing body such as any UN body or institutions or MSP to be formally authorized.</li> <li>▪ Counselor available for the child.</li> <li>▪ Protocols as above.</li> </ul>	<p>UN bodies and MSP counsellor</p>



## Appendix 2: Child Protection Report Form

### MSP Child Protection Report Form

Once completed the information disclosed in this form is to be treated as private and confidential

If more than one child/young person involved in the incident being reported please use a separate form for each child/young person

1.	Name of person making the report:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
	Address and or phone number:			
2.	Name of child/young person who has been harmed/abused (if different from person making report):			
	Child/young person's home province:			
	Child/young person's date of birth:	__/__/____	Age of child/young person:	____
	Child's address and phone number:			
	Name and address of parents/ care provider:			
3.	Date of incident(s):	__/__/____		
	Time of incident(s):	__/__/____		
	Location of incident(s):			
	Witnesses' names and contact information:			
	<b>Brief</b> description of incident(s) and type of abuse/harm/exploitation:			
4.	Who is the alleged perpetrator:			
	What is the alleged perpetrators position:	<input type="checkbox"/> Staff or representative of MSP <input type="checkbox"/> Staff of a Partner organisation <input type="checkbox"/> Someone in the community:		
	Where is the perpetrator now (if known):			
5.	Has the child/young person or their parents/ care provider sought assistance from any other agency?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<i>If yes</i> , which agency and what has the agency done?			

	If you made a referral, name the agency and person you referred to:	
	When did you refer:	
	What has the agency done or what is the agency going to do?	
6.	Form completed by (Name, Position):	
	Date Form Completed:	
	Date Form sent to Executive Director, Supervisor or Protection Officer:	

**For all reports contact must be made with your supervisor, a Protection Officer or Director immediately or as soon as practically possible after a report has been made.**

**For all reports a Child Protection Reporting Form must be completed and sent to the Director and within 24 hours of receiving an incident report.**

**For an incident involving a report against a MSP staff member or associate, a copy of this Form must also be sent to the Human Resource Department where it will be stored on the staff member’s personnel file.**

## Appendix 3: Child Protection Advice for Human Resources

### Example child safe behaviour-based interview questions:

- Have you worked/volunteered with children in a similar position before? What did you like about it? What did you find difficult?
- What strengths in working with children do you bring from your community, family and/or cultural background?
- How have you handled children who did not want to participate in an activity?
- What qualities have you observed in others that you have admired, particularly in regard to their work with or care of children?
- How do you feel about being supervised?
- What motivates you to work with this organisation, in this particular program?
- Please provide me with three examples of how to work safely with children.
- What do you think makes a good community leader or role model for children and young people?
- How would you handle children who were not listening to your instructions?
- How would the children or young people you have worked with previously describe you?
- How would you create a child-safe and friendly space for an activity for young children/ older children/ children with a disability?
- What exists locally that you believe helps protect children from harm in this community?
- What is your understanding of child protection?
- MSP is a child-safe organisation. What do you think that means?
- We sent you a copy of our code of conduct before this interview. What do you think of the code?
- What boundaries are important when working with children and young people?
- If you were concerned about the actions or behaviour of a co-worker towards children, how would you respond?
- How would you involve children in their own protection as part of our programs?
- How would you involve children's participation and voice in our programs?

### **Undertake criminal record checks**

- Complete a criminal record check before engagement for all candidates working with or in contact with children (including existing staff within the organisation who are applying internally).
- Ensure the criminal record checks cover all countries of citizenship and for each country in which the individual has lived for 12 months or longer over the past five years (or more).
- If a reliable criminal record check cannot be obtained from a particular country, obtain a statutory declaration or local legal equivalent that: – outlines efforts made to obtain a foreign police check – discloses any charges and spent convictions related to child abuse and exploitation.
- This should not cover all countries, only those where a criminal record check could not be undertaken. Otherwise, all other criminal record checks are to be undertaken.
- Consider how often criminal record checks should be re-assessed in an organisation. Checks are only a 'point in time' check and regular review may be advantageous (suggested every 2 years).
- A candidate poses an unacceptable risk to children and should not be employed or engaged if their criminal record check includes convictions or sentences for: – sexual offences against a child or an adult – violent offences against a child or an adult – any child abuse offence – stalking of a child – serious drug offences (trafficking a drug or supply of a drug of dependence to a child) – family and domestic violence offences.
- If the candidate's criminal record check includes driving offences, review this against the job description to determine whether the candidate will be required to transport children.
- If the candidate's criminal record check includes other offences or sentences, undertake a risk assessment to decide whether the candidate poses an unacceptable risk to children.

***Source: Australian Government Department of Foreign Affairs and Trade Child Protection Guidance Note for Recruitment and Screening.***

#### **Appendix 4: Child Protection Referral**

MSP staff are required to take printed out copies of this with them.

Please find the referral numbers and organisations across Fiji at the below website where child protection reports can be made.

**Police: 917**  
**Child Help Line: 1325**  
**Ambulance: 911**